

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:42

DOCUMENT # **414364** (0)

1. Corporation Name

KUNDE, SPRECHER & ASSOCIATES, INC.

Principal Place of Business

10700 N KENDALL DR
S400
MIAMI FL 33176
US

Mailing Address

10700 N KENDALL DR
S400
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1972

3a. Date of Last Report
03/28/1994

4. FEI Number
59-1431362

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 193.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRECHER, ROBERT C.
10700 N KENDALL DR
S400
MIAMI FL 33176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

1-10-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	KUNDE, GEORGE H.
STREET ADDRESS	17401 OLD CUTLER RD
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	SPRECHER, ROBERT C.
STREET ADDRESS	7482 SW 166TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	BURNS, CATHYANN
STREET ADDRESS	10017 N. MIAMI AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	HEWSON, STEPHEN
STREET ADDRESS	407 E CARLISLE RD
CITY-ST-ZIP	LAKELAND FL
TITLE	VD
NAME	CRUMBLEY, LOY L.
STREET ADDRESS	7482 SW 166TH TERR
CITY-ST-ZIP	MIAMI FL
TITLE	Y
NAME	SUID, PAUL
STREET ADDRESS	9711 SW 115 AVE
CITY-ST-ZIP	MIAMI FL

11 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Hedrick, Eric Z.	
13 STREET ADDRESS	6001 S.W. 17th Street	
14 CITY-ST-ZIP	Plantation, FL 33317	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hewson, Stephen	
23 STREET ADDRESS	<u>Delete</u>	
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 190.001, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or only if accompanied with an address.

SIGNATURE:

Robert C. Sprecher 1-10-95 (305) 279-2298